



## PATIENT

Eilish Ryzoff

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

5

## WEIGHT

8.8

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP(CFM), Cert.  
IVUSS

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr. Maniar

## INVOICE

16353

## DATE

06/05/26

## PRESENTING CLINICAL SIGNS

re check prev u/s 6/3

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** revealed a small calculus at the cystourethral junction measuring 0.3 cm.

The **left kidney** revealed persistent moderate hydronephrosis (2.5 cm) with pericapsular inflammatory pattern and a mild amount of sublumbar free fluid. The left kidney measured 3.7 cm in length. Mild hydroureter was present with regional inflammation and enlargement.

The **right kidney** in this patient revealed moderate enlargement with mild pyelectasia and echogenic debris. Pericapsular inflammatory pattern was present. Pelvic calculi was present measuring 0.63 cm and 0.64 cm and appear partially obstructive.

### Adrenal Glands

Both **adrenal glands** were not visualized.

### Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

### Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident. Free fluid was present between the liver lobes. Pleural effusion was present throughout the diaphragm.

### Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

### Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS



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- Bilateral nephritis pattern with severe hydronephrosis of the left kidney.
- Minor hydroureter and lower urinary tract calculus.
- Free fluid between liver lobes.
- Persistent free fluid in the sublumbar space and thorax.

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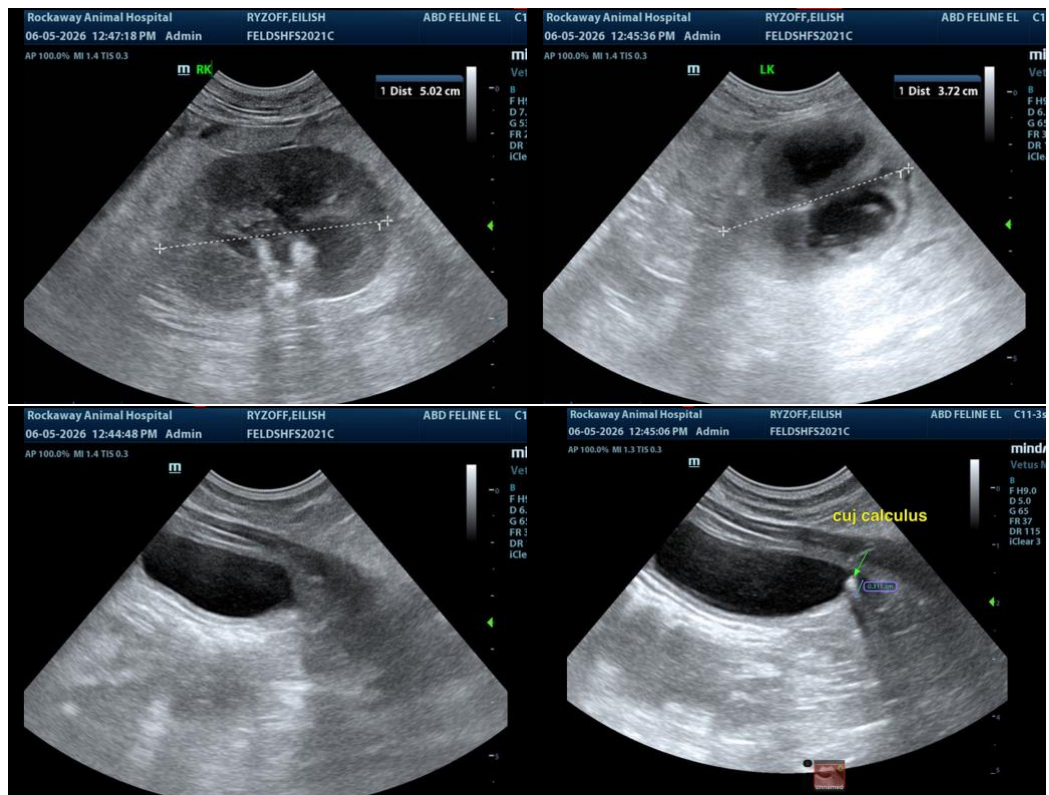
06/05/26

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Echocardiogram and thoracic radiographs are recommended, with pleurocentesis to assess for the cause of pleural fluid. Referral for stent placement or SUB device or left nephrectomy/cystotomy could be considered if the right kidney is able to maintain metabolic need. Prognosis is guarded.

Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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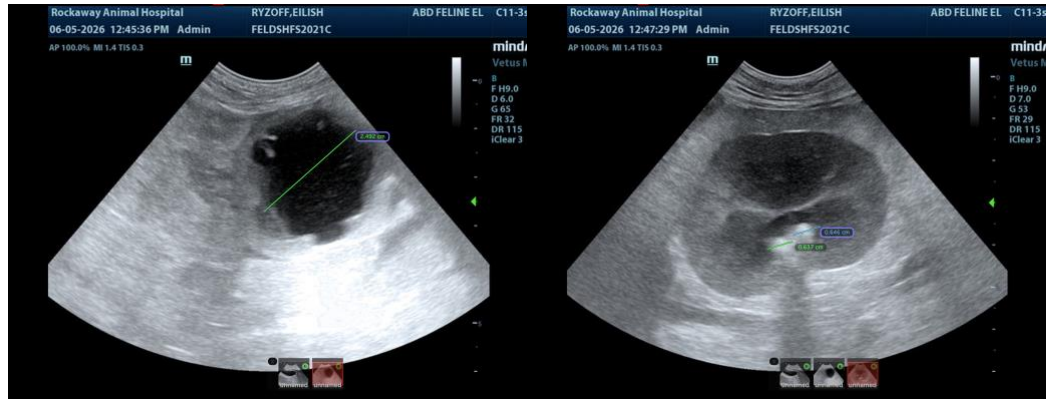
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

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